INTERSTATE APPLICATION

Complete this form and attach the following:

- copy of identification with current name & social security number (for example: driver's license, social security card)
- onn-refundable application fee of \$20.00 (check, money order or certified check).

The candidate must be listed as current or active on the other state's registry to be eligible to sit for the Kansas Nurse Aide test. Any candidate who is not sure of his/her status on another state's registry is advised to contact that registry prior to applying. A directory of state registries is included for this purpose.

Candidate Information								
Name								
Last	First			MI	Other (maiden/surname)			
Social Security Number		Birth o	ate	/	/	_ Sex _	Male	Female
Home Address								
Street				ity		State	Zip c	ode
Phone Number: Home ()		_ Cell ()					
Email address:								
Please mark the highest level of ed G (N) No High School Diploma	ducation complet			G (M) I	Maeter'e	Degree		
G (H) High School Diploma or GED	` ' '					_	st	
G (L) Licensed Practical Nurse	` '	-		. ,	- -	· · - - · · ·	_	
Certification Information Original Certificate #		Stata lecus	ad Dv					
Original Certificate #		State issue	∋а Бу_	_				
Date Issued/ (Certificate Expiration	on Date	/	/				
List all states in which you have beer	n employed as a n	urse aide v	with the	e most re	cent firs	t:		
Check Test Site Preference:								
Atchison Concordi Beloit Dodge C Burlingame El Dorade Chanute Emporia Coffeyville Fort Scot Colby Garden C	ity Hays o Hutch Indep tt Iola		- - - -	Kansa	s City CC elly al attan	: Pitts Pars Prai	sons tt lina	Wichita Winfield Overland Pa
Candidate's Signature I do hereby attest that the information my knowledge. I do hereby give per attachments. Attached is my \$20.00 security number (such as, social sec	mission to the dep certification applic	cation fee	verify and co	any infor py of ide	mation p	rovided in	this applic	cation and any
Candidate's Signature Return this form and attachments Health Occupations Credentialing New England Bldg. 503 S Kansas Topeka KS 66603-3404	, KDADS		Date	1		_		
KDHE LISE ONLY: Approval D)ate							

Web site: www.kdads.ks.gov

CANDIDATES, Please Note:

- 1. You will receive an AApproval to Test@ notice. This will allow a nursing facility to employ you as a Nurse Aide Trainee II for a **single** four month period beginning on the initial approval date on the bottom of your "Approval to Test" notice. The trainee II period is one time only, and the initial approval will not change.
- 2. You must present two forms of Identification, with one being a picture I.D., to be admitted to test.
- 3. You must be able to provide your social security number on the test for identification.
- 4. You must be on time.
- 5. If you are late, or fail to appear at your scheduled test, you must call (785) 296-1250 to request a rescheduling form which requires an additional fee of \$20.00.
- 6. If a special accommodation is needed, you **MUST** submit the candidate=s Accommodation Request Evaluation Form@ with this application
- 7. Nurse aide certificates are issued to those who achieve a score of at least seventy five percent (75%) on the nurse aide test, 3-4 weeks after the test date.
- 8. The nurse aide test may be taken **only one time** based on certification in another state. Any candidate who fails the test on the first attempt **must enroll in a state-approved nurse aide training course**. You then have two remaining opportunities to pass the test within one year from the endorsement approval date designated above.

Web site: www.kdads.ks.gov

9. Test scores may be requested by writing to the address listed below.

Health Occupations Credentialing, KDADS New England Bldg. 503 S Kansas Ave, 3rd Floor Topeka, Kansas 66603-3404 (785) 296-1250

Revised 11/30/6